

Thursday, 18th November 2021 9:00am – 1:00pm

Ghana Shippers Authority (Ridge, Accra)



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Zoom ID: Meeting ID: 831 5724 1387 Passcode: 036750





NHIA DATA DAY

Hybrid Event: In-person is strictly by invitation **Ghana Shippers Authority** Venue:

(Ridge, Accra)

Activity	Time	Facilitator/Speaker
Arrival of Guest and Registration	08:30am – 09:00am	Secretarial support
Opening prayer & Purpose of meeting	09:00am – 09:05am	Dr. Kwasi Boahene (Director, PharmAccess)
Welcome & Opening Remarks	09:05am – 09:15am	Dr. Ernest K.P. Kwarko (Board Chair, NHIA)
Evolution of NHIS for UHC in Ghana	09:15am – 10:00am	Dr. Lydia Dsane-Selby (Chief Executive, NHIA)
NHIA Data Analytics – insights and learnings for health financing & delivery	10:00am – 10:45am	Dr. Maxwell Antwi, (Country Director, PharmAccess) Dr. Yaw Opoku-Boateng, (Deputy Director, CPC - NHIA)
NHIA Actuarial Modelling – insights and learnings for NHIS Benefit Package revision	10:45pm – 11:30pm	Mr. Magnus Owusu-Agyemang (Deputy Director, Actuarial-NHIA)
Discussions	11:30pm – 12:30pm	Dr. Kwasi Boahene (Director, PharmAccess)
Closing Remarks	12:30pm – 12:40pm	Dr. Ernest K.P. Kwarko (Board Chair, NHIA)





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For enquiries please call 054-444-6447 || 0302-746-6447















NHIS WEEK



H.E. NANA ADDO DANKWA AKUFO-ADDO

President of the Republic Ghana



"The addition of childhood cancer to the NHIS Benefit Package is essential. It is cost effective, feasible and can improve survival of children with cancers. Indeed our children deserve to live long productive lives, to enable them compete successfully with any other child in the world."

First Lady of Ghana

NHIS WEEK



H.E. REBECCA NAA OKAIKOR AKUFO-ADDO



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Background to NHIS

Health care financing in Ghana started in the 1880s during which period persons who accessed curative health care services were made to pay fees for the services they used. When Ghana attained independence in 1957, however, the user fees were abolished. Later in 1971, some minimal fees were introduced as partial cost recovery measure. Between 1969 and 1972, the Government of Ghana initiated moves to introduce a social health insurance scheme to provide financial risk protection against the cost of health care services for the citizens. This initiative was, however, curtailed with the overthrow of the government in 1972. In 1983, government agreed to remove subsidies on social services, including those on health care services as part of the conditions to qualify for the Economic Recovery Programme (RRP) package, having experienced economic downturn between the mid-1970s and early 1980s.

In 1985, the Hospital Fees Regulation, 1985 (L.I. 1313) which sought to raise the user fees charged at government health facilities was introduced. The user fees, which became known as "cash and carry" system, generated debate in the country with a section of the public arguing that it denied the sick from accessing needed health care services, thereby, contributing to preventable deaths among the population. They, therefore, advocated

for the withdrawal of the user fee policy from the $_{\rm I}$ therefore, the poor and needy who could not make health delivery system in Ghana. the required contributions were left out of the safety net.

While the government was considering feasible solu-In the run-up to elections 2000, the issue of health care financing became politically topical with the then opposition New Patriotic Party (NPP) promising to establish a National Health Insurance Scheme (NHIS) for the population if voted into power. The NPP eventually won the elections and in keeping with its promise, the Kuffour-led Government established the NHIS through the National Health Insurance Act, 2003 (Act 650) in 2003. This was to provide financial access to health care for all citizens and legal residents in Ghana. The law made provision for the establishment of three health insurance schemes, namely District Mutual Health Insurance Scheme (DMHIS), Private Mutual Health Insurance Scheme (PMHIS) and Private Commercial Health Insurance Scheme (PCHIS). It provided for a benefit package that covers close to 95% of diseases that afflict the population. It also established the innovative National Health Insurance Fund (NHIF) to be financed through earmarked tax to provide consistent and sustainable funding to the Scheme. The NHIF has, since its establishment, contributed immensely towards health financing in Ghana. The Act 650, has since 2012 been replaced with a new National Health Insurance Act 2012, Act 852.

tions to address the problem of financial access to health care services, communities also started mobilizing themselves to respond to their health needs in their own ways. In 1992, the first Community-Based Health Insurance Scheme (CBHIS) was established by the Nkoranza community with support from the Catholic Church to mobilize financial resources to pay for their health care cost. The initiative inspired other communities such as Techiman and Damango to adopt the same method for implementation in their respective areas. In 1998, government also designed a social health insurance scheme for piloting in the Eastern region with the ultimate view of replicating it nationwide but the initiative could not go beyond the pilot stage. This attempted initiative, nonetheless, raised awareness about the need for some form of social health protection to cater for their health care in times of need. Consequently, by 2003, about 159 voluntary health insurance schemes (VHIS) had been established in 67 districts across the country. These community initiatives were, however, not coordinated nor regulated by any legal framework and membership was strictly based on members' contribution and,

NHIS WEEK





NHIS WEEK

This government is focused on improving the infrastructure, equipment and laboratory facilities in the health sector. The President as part of his regional tours recently commissioned two new District Offices for the NHIS in the Amansie East district in the Ashanti Region and the Bibiani-Anhwiaso-Bekwai district in the Western North Region.

Upon assumption of office in 2017, government has consistently been supporting the NHIS operations. We will continue to ensure that the NHIS finances are released on time to solve the problem of unpaid bills to healthcare providers. The smooth operationalization of the National Health Insurance Scheme is government's major priority.

HON. KWAKU AGYEMAN-MANU The Minister for Health









I will like to commend the President, His Excellency Nana Addo Dankwa Akufo–Addo and his team for leading us on a pathway to a digitized economy through the linkage of the NHIS Card to the Ghana Card.

As the theme suggests: NHIS using the Ghana Card for expanding Access to Health Care, we will like to ride on the back of this one stop digitization agenda to drive up our regional and district membership levels.

DR. ERNEST K. P. KWARKO Board Chairman, NHIA





The NHIS remains a cardinal instrument in the provision of comprehensive healthcare services to all residents of our beloved country. The extent of this service provision, however, is entrenched in our ability to increase membership and to expand availability of accessible healthcare services.

We began our campaign to increase NHIS membership last year, when we successfully introduced the linkage of the NHIS card with the Ghana Card. This year, we continue with the momentum from this digital innovation to rigorously include every resident with a Ghana Card onto the NHIS.

In tandem with the above, we seek to expand service provision, through evidence-based and data driven modifications to the NHIS Benefit Package. The linkage of NHIS card with the Ghana Card provides us with the opportunity to plan preventive healthcare services and to make these services available to NHIS members.

DR. LYDIA DSANE-SELBY Chief Executive, NHIA













1. Out-patient services (OPD) General and Specialist

Consultations including reviews:

Conditions treated at outpatient setting include the following:

- a. Malaria, acute respiratory tract infection, diarrhoea diseases, skin disease and ulcers, hypertension, acute eye infection, rheumatism, anaemia, intestinal worms disorders, acute ear infection, typhoid fever, dental caries, diabetes mellitus, Sexually Transmitted Infections (STIs), asthma and others
- Investigations, including laboratory test, , x-rays and ultrasound scans
- Symptomatic treatment for opportunistic infections due to HIV/AIDS
- . Out-patient/day surgical operations, including hernia repairs, incision and drainage of abscesses, and excision of lumps and haemorrhoidectomy.
- . Out-patient physiotherapy.
- Medication, namely, prescription medicines on the National Health Insurance Scheme Medicines List, traditional medicines approved by the Food and Drugs Authority and certified by the Minister of Health to be on NHIS Medicines List
- Any other services approved by the Minister of Health.

2. In Patient services (IPD)

- . General and specialist in-patient care.
- . Investigations including laboratory test, x-rays and ultrasound scans for in-patient care.
- . Cervical and breast cancer diagnosis and treatment.
- Diagnosis and complications from other cancers, e.g. anaemia or obstruction
- . Surgical operations, including appendicectomy (removal of the appendix).
- In-patient physiotherapy.
- Accommodation in General Ward.
- Feeding (where available).
- Medication, namely, prescription medicines on the National Health Insurance Scheme Medicines List, traditional medicines approved by the Food and Drugs Authority and prescribed by accredited medical and traditional medicines practitioners.
- Processing and provision for blood (grouping and matching

3. Oral Health services including:

- Pain relief. which includes incision and excision
- **b.** Drainage, tooth extraction and temporary relief.
- . Dental restoration, which includes simple amalgam
- d. Fillings and temporary dressing.

4. Eye Care services including:

- Refraction.
- b. Visual fields test
- Scan.
- . Keratometry (measuring the curvature of the anterior surface of the cornea).
- Cataract removal.
- Glaucoma
- Eye lid surgery.

5. Maternity Care including:

- . Ante-natal care.
- Deliveries, namely, normal and assisted, including forceps delivery and Caesarean Section.
- . Postnatal care.

6. Emergencies

All emergencies are covered. These are crisis health situations that demand urgent intervention and include:

- **a.** Medical emergencies and surgical emergencies, including the need for brain surgery or heart surgery due to accidents.
- b. Paediatric emergencies.
- Obstetric and Gynaecological emergencies including Caesarean sections.
- . Road Traffic Accidents.
- e. Industrial and workplace accidents.

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NHIS EXCLUSION LIST

The following health care services are not covered under the NHIS:

- a. VIP Ward accommodation
- . Mortuary Services
- . Medical examinations for purposes of employment, school admissions, visa applications, driving license etc.
- Diagnosis and treatment abroad
- Rehabilitation other than physiotherapy.
- Appliances and prosthesis including optical aids, hearing aids, orthopaedic aids and dentures.
- Cosmetic surgeries and aesthetic treatment. However, reconstructive surgery, such as is performed on burns patients, is covered.
- HIV antiretroviral, TB and other programme medicines.
- Assisted reproduction, e.g. artificial insemination and gynaecological hormone replacement therapy.
- Echocardiography (a painless test that uses sound waves to create moving pictures of the heart to give information about the size and shape of the heart and how well it is working).
- Photography (photographs taken in clinics/ hospitals to give visual records of patients' condition and operations to track progress of treatment for medical files of the patient).
- Angiography (a procedure where a dye is injected into the blood vessels and a photograph of the vessel is taken).
- Orthoptics (diagnosis and treatment of defective eye movements and coordination).
- Dialysis for chronic kidney failure.
- Heart and brain surgery other than those resulting from accidents.
- Cancer treatment other than cervical and breast cancer.
- Organ transplantation.
- Medicines that are not on the NHIS Medicines List.

For enquiries please call 054-444-6447 0302-746-6447 Short Code 6447 (MTN & VODAFONE)





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Using the Ghana Card for Expanding Access to Health care

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Covid-19 is still here

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Maskup

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Send in your Questions and Enquiries to our WhatsApp Number

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CATEGORIES	PROCESSING FEE
Informal Sector*	YES
SSNIT Contributors	s/ YES
Pensioners Adults above 70 years of age	YES
Children Under 18	YES
Children Under 5	YES
Pregnant Women	NO
Indigents and LEAP Beneficiaries	NO
Persons with mental disorders	NO

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WARE Membership Categories





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